2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 06, 2007 8:00 am Secretary of State

| DOCUMENT # L06000034652 1. Entity Name R. L. R. FLOORING L. L. C. | | | | | | 08-06-2007 90055 007 ****55.00 | | |
|--|---|--|--|--|--------------------------|--------------------------------|---|------------------------------|
| Principal Plac | Mailing Address | | , | | | | | |
| 8515 TIDEWATER TRAIL TAMPA, FL 33619 US | | 8515 TIDEWATER TRAIL Tampa, FL 33619 US | | | SSHE SIGN SSIN SSIN SSIN | aanaa kuka akka akka akka s | **** 111 (***) | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07272007 | Chg-LLC | CR2E083 (12/06) | | |
| City & State | | City & State | | 4. FEI Numb | 628091 | - | oplied For ot Applicable | |
| Zip | Country | Zip | Country | |] | of Status Desired | \$5.00 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | Nome | 7. Name and | Address of New Re | gistered Agent | |
| RITCHEA, | RITCH L | | | Name | | | | |
| | WATERTRAIL | | | Street Addres | ss (P.O. Box Numb | er is Not Acceptable) | | |
| | | | | City | | | FL Zip Cod | θ |
| The above named entity submits this statement for the purpose of changing its register. | | | | d office or reals | stered agent, or bo | th. in the State of Flori | | and accept |
| | tions of registered agent. | | | | g , | .,,., | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and the description is a 1800. | | | | | | |
| | Signature, typed or present name or registered agents | and trite it appricable. (NOT | L: Hegistere | id Agent signature requ | ured when reinstating) | | DATE | |
| fil Due l | ling Fee is \$50.00 by September 14, 2007 | and tree ii approcasse. (NO) | L:: Hegistere | d Agent signature requ | wed when reinstating) | | check payable to Department of State | e |
| Fil Due I | | | E: Hegistere | O Agent signature requ | wed when reinstating) | | check payable to Department of State | 6 |
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE